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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/709,580	
	Filing Date	May 14, 2004	
	First Named Inventor	Meeker, Paul	
	Art Unit	3636	
	Examiner Name	Edell, Joseph F.	
Total Number of Pages in This Submission	11	Attorney Docket Number	43064-0030

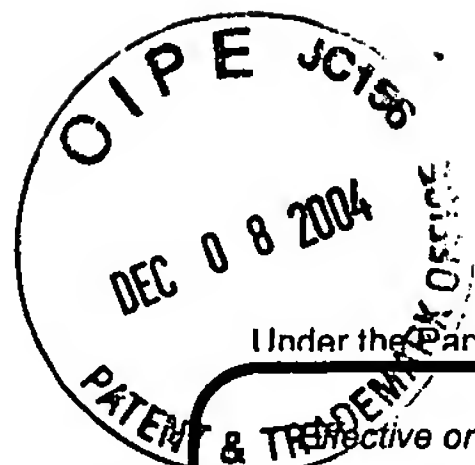
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Louis F. Wagner
Signature	<i>[Signature]</i>
Date	December 6, 2004

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Typed or printed name	Louis F. Wagner		
Signature	<i>[Signature]</i>	Date	December 6, 2004

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PTO/SB/17 (11-04)

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**FEE TRANSMITTAL  
For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ ) 90.00**Complete if Known**

Application Number	10/709,580
Filing Date	14 May 2004
First Named Inventor	Meeker, Paul K.
Examiner Name	Edell, Joseph F.
Art Unit	3636
Attorney Docket No.	43064-0030

**METHOD OF PAYMENT** (check all that apply)☒ Check ☐ Credit Card ☐ Money Order☐ Deposit Account ☐ NoneDeposit  
Account  
Number

50-0983

Deposit  
Account  
Name

Buckingham, Doolittle &amp; Burroughs, LLP

The Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below
- ☐ Charge fee(s) indicated below, except for the filing fee
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- ☒ Credit any overpayments

to the above-identified deposit account.

☐ Other (please identify): \_\_\_\_\_**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING FEE**

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid(\$)</u>
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____
<b>Subtotal (1) \$</b> _____			

**FEE CALCULATION** (continued)**2. EXTRA CLAIM FEES**

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
32	- 20 or HP = 10	x 9	= 90

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 3 or HP = _____	x _____	= _____

HP = highest number of independent claims paid for, if greater than 3

<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	_____

**Subtotal (2) \$** 90**3. OTHER FEES**

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid(\$)</u>
1-month extension of time	110	55	_____
2-month extension of time	430	215	_____
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	_____
Information disclosure stmt. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other: _____	_____	_____	_____

**Subtotal (3) \$** 7.00**SUBMITTED BY**

Signature

Registration No.  
(Attorney/Agent) 35,730

Telephone 330-258-6453

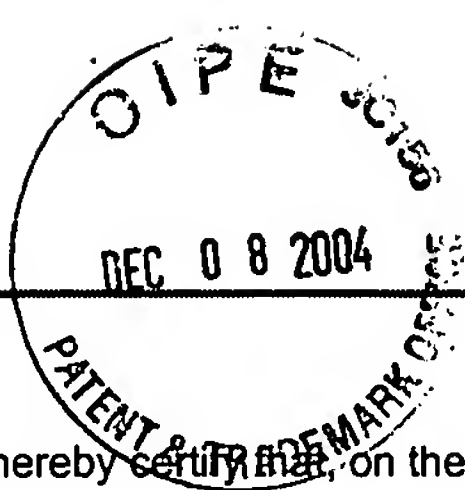
Name (Print/Type)

Louis F. Wagner

Date December 6, 2004

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## Certificate of Mailing / Transmission (37 C.F.R. 1.8(a))

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Date

Louis F. Wagner

06 December 2004

(type or print name of person certifying)

## IN THE UNITED STATES PATENT & TRADEMARK OFFICE

<i>Applicant:</i>	Meeker, Paul K.	<i>Examiner:</i>	Edell, Joseph F.
<i>Serial #:</i>	10/709,580	<i>Art Unit:</i>	3636
<i>Filing Date:</i>	14 May 2004	<i>Date:</i>	06 December 2004
<i>Title:</i>	Adjustable and Foldable Booster Car Seat		

MAIL STOP AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

### Amendment

This communication is in response to the *non-final* Office Action dated 22 September 2004. This response is filed within the three (3) month shortened statutory period and therefore is not accompanied with any Petition Request for an Extension of Time. However, if the applicant's attorney is in error, please consider this a Request for an Extension of Time necessary to effect the filing of the same. Please amend the application as follows.

Amendments to the Claims begin on page 2 of this paper.

Status & Remarks begin on page 6 of this paper.

35 USC §101 Rejection Arguments begin on page 6 of this paper.

35 USC §102 Rejection Arguments begin on page 7 of this paper.

Request for Reconsideration begins on page 8 of this paper.

Fee Determination Sheet.